

1 PLACE OF DEATH
 County..... Genesee
 Township..... Flint
 Village.....

MICHIGAN DEPARTMENT OF HEALTH

Division of Vital Statistics

25 1536

CERTIFICATE OF DEATH

Register No. 2

City..... (No. St. Ward)
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME..... John Harrison Sheldon John Harrison Sheldon

a) Residence No...... Bristol Rd...... St., Ward.....
 (Usual place of abode) (If non-resident give city or town and state)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX..... Male
4 Color or Race..... White
5 Single, Married, Widowed or Divorced (Write the word)..... Married

5a If married, widowed or divorced
 HUSBAND of.....
 (or) WIFE of..... Sarah C.

6 DATE OF BIRTH
 (Month, day and year)..... Nov. 29, 1940

7 AGE..... Years..... Months..... Days..... If LESS than 1 day..... hrs. OR..... min.
84..... 2..... 12

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work.....
 (b) General nature of industry, business, or establishment in which employed (or employer)..... 0
 (c) Name of employer.....

BIRTHPLACE (city or town) (state or country)..... New York

10 NAME OF FATHER..... John Sheldon

11 BIRTHPLACE OF FATHER (city or town) (state or country)..... New York

12 MAIDEN NAME OF MOTHER..... Charlotte Estes

13 BIRTHPLACE OF MOTHER (city or town) (state or country)..... New York

14 Informant..... Mrs. Sarah Sheldon
 (Address)..... Flint Twp.

15 Filed..... Feb 14..... 1925
Wm Edgcombe Registrar.

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH..... Feb 11..... 1925
 (Month, day and year)

17 I HEREBY CERTIFY, That I attended deceased from April....., 1924, to Feb 11....., 1925 that I last saw him alive about Jan 11....., 1925 and that death occurred on the date stated above at 5 p.m.

The CAUSE OF DEATH* was as follows:

Chronic interstitial nephritis..... 129

..... (duration)..... yrs..... mos..... ds. about 3 years

CONTRIBUTORY..... Arteriosclerosis
 (Secondary)..... about 15 years

..... (duration)..... yrs..... mos..... ds.

18 Where was disease contracted

If not at place of death?.....

Did an operation precede death?..... no..... Date of.....

Was there an autopsy?..... no

What test confirmed diagnosis?..... Physical examination

..... laboratory analysis

(Signed)..... T. D. Morrison, M.D.

Feb 12, 1925..... Address..... 7 Flint, Mich.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.
 (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

Date of Burial

Bristol Cemetery

Feb. 14, 25

20 UNDERTAKER

Address

Dodds-Dumanois Co.

Flint, Mich.

Wm Edgcombe Registrar